

**RCSLT competency framework and training log**

Speech and language therapy endoscopic evaluation of the larynx (EEL) for clinical voice disorders

Royal College of

Speech and Language Therapists

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By the Royal College of Speech and Language Therapists

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**Review procedure**: An expert group working across sectors will be asked to review the document to determine whether an update is required. Members can submit their feedback on the document at any time by emailing: info@rcslt.org

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# Aim and scope of the document

This document is a training and competency framework for SLTs who perform endoscopic evaluation of the larynx (EEL) for the purpose of assessing and managing clinical voice disorders.

It is a UK-wide document aimed to cover all situations in which an SLT may perform EEL, including working within a joint clinic directly with ear, nose and throat (ENT) teams and in more independent capacities working autonomously but still within an agreed framework with ENT consultants. It provides guidance as to the training and levels of competencies required to be able to work at levels 1, 2 and 3 endoscopy practitioner.

It will also provide guidance to the Health and Care Professions Council (HCPC), managers, postgraduate training providers, students, clinicians and clinical leaders. The document will help to guide services, ensuring that EEL is performed by practitioners with the appropriate skills in a safe clinical environment.

# Introduction

Clinical voice disorders have a wide variety of aetiologies, including structural, neurogenic, inflammatory, muscle tension imbalance and psychological factors. Many voice disorders are caused by multifactorial elements, including any combination of the above. EEL is an established procedure in both ENT and speech and language therapy practice for the assessment and differential diagnosis of voice disorders. More recently, EEL has become a standard tool for assessing laryngopharyngeal gesture and trialling therapy techniques in voice disorders, as well as providing biofeedback during therapy sessions.

As ENT/speech and language therapy practice has evolved, and as SLTs have taken on the role of advanced /expert clinical practitioners in clinical voice disorders, the use of EEL by SLTs has been extended in both the types of voice clinics undertaken independently and in the use of EEL as a therapeutic tool.

## Why a competency framework is needed

This competency framework has been developed to address the skills and competencies that are required by SLTs performing EEL. It is expected that SLTs working through this competency framework will already be practising confidently and competently with clinical voice disorders at a specialist level.

This framework brings together knowledge and practical competencies and is intended for use throughout the SLT’s career, with signed evidence of skill acquisition and maintenance being provided either through independent activity or through the verification of an appropriately skilled supervisor. It is anticipated that it will be a useful resource to record ongoing learning and development, which would fit within the annual appraisal process of most organisations.

## What this document covers

These competencies cover the acquisition of competencies for EEL for levels 1,2 and 3 practitioners. While relevant types of clinics in which SLTs perform EEL are covered, this is not an exhaustive list of all possible examples that will need to be considered within specific units and teams. Local needs should be taken into consideration while ensuring the SLT remains within safe practice guidelines according to this document.

It is recommended that EEL practitioners consider issues surrounding supervision, multidisciplinary team working, evidence-based practice, and continuing professional development (CPD) and transferable skills as in [RCSLT supervision guidance](https://www.rcslt.org/members/delivering-quality-services/supervision). As with all professional practice, SLTs should ensure that they comply with the [HCPC standards of proficiency for SLTs (2014)](http://www.hcpc-uk.org/publications/standards/index.asp?id=52) and operate only within their scope of practice.

### EEL competency framework — level 1

An SLT working at this level will demonstrate competent performance in the assessment and management of a wide variety of clinical voice disorders, working autonomously, and have completed section A of the EEL prerequisite competencies before embarking on full EEL competencies.

Level 1 practitioners will complete competencies section B-D and F-H. Section E should be completed where practitioners intend to complete rigid endoscopy competencies (this type of examination is not required by all trusts).

On completion of competencies, level 1 practitioners are competent to take part in joint voice clinics (with a laryngologist present) and voice therapy clinics (where the patient has previously undergone a laryngeal examination by ENT).

They will also participate in EEL audit/research.

### EEL competency framework — level 2

Where an SLT assesses new patients (triaged by ENT) in a parallel clinic operating alongside an ENT clinic, the SLT should be sufficiently experienced at level 1 to be able to make a differential diagnosis independently for selected low-risk referrals, but will still operate within competencies B-H. In this setting, all digital recordings must be reviewed at the end of the clinic by the ENT consultant. It is envisaged that SLTs will have extensive experience working in a joint clinic and voice therapy clinic setting before being deemed competent to work in this type of clinic.

In trusts where a pre-/post-operative thyroid clinic is in operation, SLTs should complete competencies I. Digital recordings are not required to be reviewed by ENT, but during acquisition of competencies should be reviewed by a level 3 endoscopist.

Level 2 endoscopists may play a leading role in EEL audit/research, and sign off competencies for a level 1 endoscopist.

### EEL competency framework — level 3

A person working at this level will be carrying a caseload predominantly working with clinical voice disorders. They will be supporting and supervising staff who work at specialist level to develop their specialist competencies. The level 3 practitioner will take a lead within the department in keeping up-to-date with research and evidence-based practice, disseminating this to other members of staff. They will also play a leading role in EEL audit/research and sign off competencies for levels 1 and 2 endoscopists. They will seek out and respond to opportunities to further EEL knowledge and management within the wider profession.

Level 3 practitioners may work in a variety of voice clinic settings, depending on local requirements and services. Specific competencies are outlined for each type of clinic, but please note: this is not an exhaustive list, as services are constantly developing offering opportunities for SLTs to develop skills.

However, please consider the following, dependent on the type of clinic you work in:

|  |  |
| --- | --- |
| **Type of clinic**  | **Suggested competencies (section)** |
| Laryngeal intervention clinics | Competencies J |
| Performers’ clinics | Competencies K |
| Laryngeal cancer clinics | Competencies L |
| Expert parallel clinics (where digital recordings are not routinely reviewed by ENT) | Competencies M |
| Complex tertiary joint clinic (where highly complex diagnoses are referred in to tertiary centres) | Competencies N |

SLTs working at this level are highly specialised, autonomous practitioners. The levels and competency assurances described here are likely to be at the minimum level of the speech and language therapy practice.

Not all the competencies outlined here will apply to all level 3 practitioners. They will access supervision from peers, which is likely to be outside their department and should include at least two supervision sessions per year. These may not be face-to-face and may include telephone supervision, conference calls and videoconferencing sessions.

# Competency training log for endoscopic evaluation of the larynx

# In this section you will find the full competency training log for EEL including pre-requisite skills, those to be acquired during basic endoscopy training and separate sections for specific clinics where advanced EEL skills are required.

| **Competencies** | **Suggested tasks** | **Evidence** | **Date completed specialist level** | **Supervisor sign-off** |
| --- | --- | --- | --- | --- |
| **Theory:** |
| Pre-requisite knowledge and skills for EEL |
| A1.1 | Advanced knowledge of normal and disordered anatomy and physiology for voice production   | * Read literature
* Didactic teaching, internal or external (courses/conferences)
* Joint viewing of EEL examinations, live or recorded
 |  |   |   |
| A1.2 | Advanced knowledge of a wide range of assessment methods including:1. Case history-taking
2. Perceptual analysis
3. Laryngeal palpatory assessment
4. Acoustic analysis
 | * Read literature
* Didactic teaching, internal or external (courses/conferences)
* Caseload experience
 |  |  |  |
| A1.3 | Advanced knowledge of a wide range of voice therapy techniques | * Read literature
* Didactic teaching, internal or external (courses/conferences)
* Caseload experience
 |  |  |  |
| A1.3 | Knowledge of change in voice production over the lifespan | * Read literature
* Didactic teaching, internal or external (courses/conferences)
 |  |  |  |
| A1.5 | Established regular caseload of range of clinical voice disorders within a multidisciplinary voice setting over a minimum of three years | * Caseload experience
 |  |  |  |
| A1.6 | Knowledge of relevant local and national guidelines and policies in clinical voice disorders  | * Read literature
* Didactic teaching, internal or external (courses/conferences)
 |  |   |   |
| A1.7 | Knowledge of the clinical indicators for flexible and rigid EEL   | * Read RCSLT EEL policy and relevant literature
 |  |   |   |
| A1.8 | Knowledge of the limitations of flexible and rigid endoscopic EEL | * Read RCSLT EEL policy and relevant literature
 |  |   |   |
| A1.9 | Knowledge of the theory and purpose of stroboscopy  | * Read literature
* Didactic teaching, internal or external (courses/conferences)
 |  |  |  |
| A1.10 | Knowledge of the risks involved in performing EEL | * Read RCSLT EEL policy and relevant literature
 |  |  |  |
| A1.11 | Knowledge of local and national relevant policies on:1. Consent
2. Health and safety
3. Risk management
4. Information governance
 | * Read literature
* Didactic teaching, internal or external (courses/conferences)
 |  |  |  |
|  | ***EEL COMPETENCY AND ACQUISITION SKILLS*** |
| Specialist anatomy, physiology and pathology for EEL |
| B2.1 |       Normal anatomy, normal anatomical      variations, physiology and pathology of the      nasal passage and pharynx including:1. Nasal turbinates
2. Septal deviation
3. Septal perforation
4. Nasal polyps
5. Mulberry turbinates
6. Post nasal drip
7. Adenoidectomy scarring
8. Cobblestone mucosa
9. Osteophytes
10. Lingual hypertrophy
11. Candida
12. Mucus retention cyst
13. Atrophy
14. Absent uvula
15. Omega-shaped epiglottis

Neuro-anatomy1. Cranial nerve pathways
2. Laryngeal innervation — RLN/SLN
3. Vocal tract innervation
 | * Read literature
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |  |  |
| B2.2 | Laryngo-respiratory anatomy/physiology1. Effect of respiratory mechanism on vocal fold vibration
2. Myoelastic aerodynamic theory
3. Vocal fold structure and the mucosal wave
4. Modes of vocal fold vibration
5. Pitch production
6. Subglottic stenosis/lesions
 | * Read literature
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |   |   |
| B2.3 |  Pathophysiology of the vocal folds1. Nodules
2. Polyps/polypoid degeneration
3. Cysts/pseudocysts
4. Granuloma
5. Bamboo nodes
6. Atrophy/bowing/presbylaryngis
7. Reinke’s oedema
8. Papilloma
9. Hyperkeratosis/leukoplakia
10. Dysplasia/carcinoma
11. Laryngeal webs — congenital/acquired
12. Laryngeal candida
13. Laryngitis — chronic/acute
14. Laryngopharyngeal reflux
15. Vascular abnormalities
16. Trauma
17. Sulcus/vergeture/mucosal bridge
18. Effects of drugs
19. Systemic disease, eg rheumatoid arthritis/connective tissue disorder
20. Amyloid
 | * Read literature
* Didactic teaching, internal or external (courses/conferences)
* Joint viewing of EEL examinations, live or recorded
 |  |   |   |
| B2.4 |  Neurogenic laryngeal disorders1. upper motor neurone disorders (ie Parkinson's disease, multiple sclerosis, stroke)
2. Lower motor neurone disorders (ie recurrent laryngeal nerve

paralysis/paresis, superior laryngeal nerve paralysis/paresis, myasthenia gravis, post-surgical LMN trauma)1. Laryngeal dystonia/spasmodic dysphonia (ie abductor,

adductor and mixed types)1. Tremor
2. Velo-pharyngeal incompetence
 | * Read literature
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |   |   |
| B2.5 |  Expected post-surgical appearance1. Cordotomy
2. Injection medialisation
3. Thyroplasty
4. Laser excision
5. Coblation
6. Cryotherapy
 | * Read literature
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |   |   |
| B2.6 | Phonatory physiology1. Vocal tract symmetry
2. Abduction/adduction of vocal folds
3. Vocal fold closure patterns
4. Pitch change
5. Laryngeal height
6. Laryngeal vertical excursion
7. Laryngopharyngeal gestures
8. Muscle tension dysphonia patterns
 | * Read literature
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |  |  |
| Operating equipment |
| C3.1 | To set up equipment, including1. Connecting cameras and endoscopes
2. Setting white balance and focus
3. Adding patient data
4. Selecting appropriate light function for stroboscopy
5. Recording and saving images
6. Playing back images using slow motion
7. Archiving and retrieving recordings
8. Troubleshooting technical problems

  | * Read manual
* Observe operation of equipment
* Operate equipment under supervision
 |  |   |   |
| C3.2 | To be aware of infection risks and local policies on decontamination of endoscopes  | * Read local and national policies on prevention of infection
 |  |   |   |
| Inserting and manipulating flexible endoscope |
| D4.1 | To understand the effects of patient anxiety on the outcome of the procedure and provide a thorough, appropriate explanation before proceeding, ensuring verbal consent has been obtained | * Clinic observation
* Provide satisfactory explanation to patient
 |  |  |  |
| D4.2 | To demonstrate an understanding of flexible endoscope insertion technique to minimise discomfort and maximise view for EEL, including1. Applying gel/antifog correctly, avoiding the endoscope tip
2. Identifying optimum route through nasal passage
3. Insertion of the endoscope into the nasal passage with minimal discomfort
4. Manipulating the scope safely through nasal passage and into laryngopharynx, obtaining good image of larynx
5. Manipulating the scope to optimise the view of the vocal tract, rapidly manoeuvring between high and low scope positions and avoiding structures
6. Using stroboscopic light source appropriately
 | * Read literature
* Direct observation/teaching
 |  |   |   |
| D4.3 | Manages adverse effects of scoping, including 1. Epistaxis
2. Vasovagal response
3. Laryngospasm

and appropriately manages patient safety | * Read literature
* Direct observation/teaching
 |  |   |   |
| Inserting and manipulating rigid endoscope |
| E5.1 | To understand the effects of patient anxiety on the outcome of the procedure and provide a thorough, appropriate explanation before proceeding, ensuring verbal consent has been obtained | * Direct observation/teaching
* Provides satisfactory explanation to patient
 |  |  |  |
| E5.2 | To demonstrate an understanding of rigid endoscope insertion technique to minimise discomfort and maximise view for EEL, including:1. Positioning patient correctly, allowing for ease of insertion of scope into the mouth, including tongue positioning
2. Defogging endoscope to prevent misting
3. Inserting rigid endoscope into oropharynx, avoiding touching structures
4. Angling the scope appropriately to obtain image of larynx causing minimal gagging
5. Manipulating the scope to optimise the full-length view of the vocal folds, including anterior commissure
 | * Read literature
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| E5.3 | Manages adverse effects of scoping, including 1. Vasovagal response
2. Laryngospasm
3. Gagging

and appropriately manages patient safety | * Direct observation/teaching
 |  |  |  |
| Topical anaesthesia |
| F6.1 | Understands risks of topical anaesthesia and explains these to patient  | * Read literature
 |  |   |   |
| F6.2 | Understands the pros and cons of the use of topical anaesthesia and is able to explain these to the patient | * Read literature
* Direct observation/teaching
 |  |   |   |
| F6.3 | Administers topical anaesthesia with effective technique for flexible and/or rigid endoscopy | * Direct observation/teaching

  |  |   |   |
| EEL interpretation |
| G6.1 | To demonstrate knowledge of the appropriate protocols and adapt to individual patient requirements  | * Read literature
* Discussion in clinic setting
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |   |   |
| G6.2 | To carry out protocol while performing EEL procedure1. Flexible +/- stroboscopy
2. Rigid +/- stroboscopy
 | * Direct observation/teaching
 |  |   |   |
| G6.3 | To describe and demonstrate understanding of protocol findings, including assessing Supralaryngeal findings1. Palatal movement
2. Tongue base
3. Adenoid pad
4. Pharyngeal wall structure and function

Laryngeal tissue abnormalities 1. Tissue appearance
2. Vocal fold edge
3. Intracordal abnormalities
4. Arytenoid abnormalities

Supraglottic features Ventricular appearanceGross laryngeal movement1. Arytenoid movement
2. Supraglottic constriction
3. Paralysis, paresis and other neurolaryngological findings

Vibratory characteristics (as appropriate)1. Glottal closure and opening patterns
2. Vibratory amplitude
3. Vibratory symmetry
4. Mucosal wave amplitude
5. Expected changes with pitch and loudness

Interpretation of laryngopharyngeal gestures in speech/singing as appropriate, including1. Vocal tract symmetry
2. Abduction/adduction of vocal folds
3. Vocal fold closure patterns
4. Laryngeal height
5. Laryngeal vertical excursion
6. Laryngopharyngeal gestures
7. Muscle tension dysphonia patterns

Description of clinical impressions including a differential diagnosis | * Read literature
* Direct observation/teaching
* Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
 |  |   |   |
| G6.4 | To make appropriate management recommendations following EEL, which may include any one or more of the following:1. Voice therapy
2. Referral back to ENT team
3. Referral to other professionals
4. Advice/review
5. Medication
6. Surgery
7. Discharge
 | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| G6.5 | To be aware of when to request immediate laryngological review of any abnormal findings | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| G6.6 | To understand the limitations of EEL as a ‘snapshot in time’ and make recommendations appropriately | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| Documentation and communication of findings |
| H7.1 | To communicate EEL findings clearly to patient, understanding patient anxiety and level of SLT competency/clinical responsibility  | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| H7.2 | To record/review data and document EEL findings clearly highlighting key issues, including1. Anatomical structures
2. Phonatory physiology findings
3. Differential diagnosis
 | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| H7.3 | To incorporate EEL findings into a written report, including a management plan and what information has been given to the patient (sent to the referrer and other relevant agencies). This is likely to include the following as appropriate:* Patient history including:
	1. History of presenting problem
	2. Medical history
	3. Lifestyle issues
	4. Previous treatment
	5. Voice use
	6. Occupational history
	7. Psychological/emotional history

 * Perceptual analysis of voice quality
* Acoustic analysis
* Laryngeal palpatory assessment
* Patient related outcomes measures
 | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| H7.4 | To report to referring agent with appropriate documentation, including other relevant professionals | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| Additional competencies for pre/post thyroid surgery clinics (level 2 endoscopist) |
| I8.1 | Understanding of the patient pathway for thyroid surgery | * Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| I8.2 | Understanding of the potential effects of thyroid surgery on the voice | * Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| I8.3 | Knowledge of the role of voice therapy for patients with laryngeal nerve damage following thyroid surgery | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| I8.4 | Knowledge of the role of voice surgery for patients with laryngeal nerve damage following thyroid surgery | * Joint viewing of EEL examinations, live or recorded
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| I8.5 | Ability to explain all the above to the patient | * Direct observation/teaching
 |  |  |  |
| Additional competencies for laryngeal intervention clinics (level 3 endoscopist) |
| J9.1 | In-depth knowledge of the surgical procedure being supported, including1. Indications and contra-indications
2. Types of procedure and different options for performing it

  | * Read literature
* Observation of specific laryngeal intervention clinics
 |  |   |   |
| J9.2 | Familiarity with NICE guidelines ([www.nice.org.uk](http://www.nice.org.uk)) and ENT UK Laryngeal Intervention Clinic Standards of Care and Guidelines for Development | * Read literature
 |  |   |   |
| J9.3 | Awareness of needlestick injury, its prevention and local policies in the event of injury  | * Mandatory training
 |  |   |   |
| J9.4 | Advanced endoscopic skills: ability to manipulate scope for close-up endoscopic view in presence of blood-stained secretions  | * Clinical experience
* Observation of specific laryngeal intervention clinics
 |  |   |   |
| J9.5 | Expert skills in auditory evaluation for intra-operative procedure perceptual analysis and post -intervention follow-up   | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| J9.6 | In-theatre surgical endoscopic support1. Ability to scope with inverted and reversed images
2. Ability to scope with and without intubation
3. Stamina to maintain steady images for up to one hour
4. Additional training in theatre protocol
 | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| Additional competencies for performers’ clinics (level 3 endoscopist) |
| K10.1 | To demonstrate knowledge of the development of the vocal tract from childhood through adulthood and the ageing larynx  | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| K10.2 | To demonstrate an understanding of the particular needs of the performing voice in both acting and singing in terms of vocal tract flexibility and laryngopharyngeal gestures for different singing genres  | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| K10.3 | To demonstrate an understanding of the performer’s lifestyle and the effects on the voice | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |   |   |
| K10.4 | To have expert knowledge of expectations of laryngopharyngeal gestures in the singing voice during endoscopy in a range of genres, making therapeutic suggestions for change | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| K10.5 | Working in collaboration with the multidisciplinary team, including laryngologists, singing teachers, osteopaths and physiotherapists | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| Additional competencies for laryngeal cancer clinics |
| L11.1 | To demonstrate knowledge of the aetiology of laryngeal cancer, its stages of progression and laryngeal appearances | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| L11.2 | To demonstrate an understanding of the impact of laryngeal cancer treatment, including chemotherapy, radiotherapy, laser resection and cold excision, and the effect on voice production | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| L11.3 | To demonstrate interpretation of stroboscopic images and other locally used laryngeal examination equipment (eg NBI) in the detection/monitoring of laryngeal cancer | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| L11.4 | To be able to perform systematic neck examination to inform differential diagnosis and management plan | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| L11.5 | To adhere to national protocols on laryngeal cancer surveillance/follow-up | * Read literature
 |  |  |  |
| L11.6 | To adhere to local policies on laryngeal cancer pathways  | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| Additional competencies for expert parallel clinics where video images are not routinely reviewed by ENT (level 3 endoscopist) |
| M12.1 | Experience working in a joint voice clinic setting of 10 years + with a wide range of clinical voice disorders | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| M12.2 | Ability to combine a range of expert level skills to make differential diagnosis and management plan, including1. Case history-taking
2. Perceptual analysis
3. EEL interpretation skills
4. Laryngeal palpatory assessment
5. Acoustic assessment
6. Systematic neck examination
 | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| M12.3 | To know when ENT opinion should be sought immediately | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| M12.4 | To have expert knowledge of a range of surgical techniques and be able to provide patients with adequate information, answering queries and discussing pros and cons. This will include:1. Phonosurgery for laryngeal lesions
2. Laryngeal augmentation under local/general anaesthesia
3. Botulinum toxin for dystonia, etc.
 | * Clinical experience
* Observation of specific laryngeal intervention clinics
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| M12.5 | To have autonomy to review post-surgical laryngeal appearance, including offering management and advice1. Cordotomy
2. Injection medialisation
3. Thyroplasty
4. Laser excision
5. Coblation
6. Cryotherapy
 | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| Additional competencies for tertiary joint voice clinics for complex patients (level 3 endoscopist) |
| N13.1 | Extensive knowledge of a wide range of clinical voice disorders, including pathologies and laryngopharyngeal gestures | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| N13.2 | Extensive knowledge of a wide range of voice therapy techniques and their effects on voice production | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| N13.3 | Extensive knowledge of a range of surgical voice interventions and their effect on voice production | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| N13.4 | Ability to make complex differential diagnosis | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
 |  |  |  |
| N13.5 | Ability to manage patients where previous therapy and/or surgery have been unsuccessful | * Clinical experience
* Didactic teaching, internal or external (courses/conferences)
* Direct observation/teaching
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